(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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ZODO AUG 26 SECRETARY TALLAHASSE

CORPORATION(S) NAME

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() Profit () NonProfit	() Amendment	() Merger
() Foreign	() Dissolution	' () Mark
() Limited Partnership () Reinstatement	() Annual Report () Reservation	(V) Other LLC () Change of Registered Agent
(Certified Copy.	() Photo Copies	() Certificate Under Seal
() Cell When Ready	() Call If Problem	() After 4:30

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Acknowledgment	
W.P. Verifier	

CR2E031 (R8-85)

WELIMPIP Toll Free: 1-800-432-3028

The name of the Limited Liability Company is:				
ARTICLE II - Address: 1958 W.E 5TH AVE, Boca RATE The mailing address and street address of the principal office of the Limited Li	DN, ability	FL Com	3343 pany is:	3 /
ARTICLE III - Registered Agent and Registered Office: The name and the Florida street address of the registered agent is: SAMUE L J VICTOR Name 312 S. W 13 TH AVE Florida street address (P.O. Box NOT acceptable) BYNTON BEACH FL 33435 City, State and Zip	SECRETARY OF STATE TALLAHASSEE, FLORIDA	2009 AUG 26 P 1: 37		,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LIQUOR STORE L.L.C.

ARTICLE I - Name: VS

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Signature of a member or aparthorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SAMUEL J VICTOR

Typed or printed name of signee

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Elorida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

First that VS LI QUOR STORE FOR A COLOR ST

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Registered Agent